FOR COUNTY USE ONLY

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County of San Bernardino

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STANDARD CONTRACT

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Lor	i Ciabatt	ini			(909) 388-0253			\$113,333				
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Project Name			1	Est	timated	Pay	ment T	otal by Fiscal	Year			
Ryan White			FY	Α	mount		I/D	FY	Amount	I/D		
Comprehensive AIDS			01/02	;	\$11,25	50						
Resources Emergency			02/03		\$73,75							
Nesources Emergency			i -	_								
(CARE) Act Services			02/03		\$28,33	33	<u> </u>					

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

		- ,			
Name					
	County of Riverside -	Community Health Agency	hereinafter called	Contractor	
Address					
	4065 County Circle Drive		MEDICALLY INDIGENT SERVICES PROGRAM		
	Riverside CA 92513				
Telephor	ne	Federal ID No. or Social Security No.			
	(909) 358-5407	95-6000930W			

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3

It is hereby agreed to amend Contract number 02-256 as follows:

SECTION V Fiscal Provisions:

<u>Paragraph A, first sentence</u> is amended to read, "The total amount of this Contract is \$113,333, which is available for expenditure in accordance with the budget for each service provided, unless changed by the budget amendment process, and is subject to availability of funds to the County."

SECTION VIII Contract Term:

<u>Paragraph A</u> is amended to read, "This Contract is effective on March 1, 2002 and expires June 30, 2003, but may be terminated earlier in accordance with the provisions of this Contract as stated in Section IX, Early Termination."

ATTACHMENT A:

Scope of Work: Replace with Attachment A dated February 25, 2003.

ATTACHMENT E:

<u>Line Item Service Budget/Narrative Budget Description:</u> Replace with Attachment E dated February 25, 2003.

This Amendment is effective as of February 25, 2003.

All other terms and conditions of this contract remain in full force and effect.

COUNTY OF SAN BERNARDINO

			COUNTY OF RIVERSIDE
Dennis Hansberger, Chairman, Board of S	Supervisors	_	(Print or type name of corp, company, contractor, etc.)
Dated:		Ву: _	(Authorized signature – sign in blue ink)
		Name: _	Bob Buster (Print or type name of person signing contract)
SIGNED AND CERTIFIED THAT A COPY DOCUMENT HAS BEEN DELIVERED TO		Title: _	Chairman, Board of Supervisors
	oard of Supervisors of San Bernardino	Dated:	
Ву:		Address:	4065 County Circle Drive Riverside CA 92513
Deputy		_	
Approved as to Legal Form	Reviewed as to Contra	ct Compliance	Reviewed for Processing
► Charles Larkin, County Counsel	► Lori Ciabattini, Contrac	t Compliance	Agency Administrator/CAO
Date	Date		Date

Auditor/Controller-Recorder Use Only					
☐ Contract Datal	oase FAS				
Input Date	Keyed By				